U.S. Department of Labor Office of Labor-Management

Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
N 1215-0188
Ex i s 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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( AUG222005 )
Programme CROT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  Signature	12220				
A. Name and address of labor organization.  Name Arthory C Frice  Labor Organization File Number 540-631.  P.O. Box, Bidg., Room No., if any P.O. Box A. B. Street Street 1305 Fast 27th Street 1305 Fast 27th Street 1305 Fast 27th Street 1305 Fast 27th Street 21P Code +4 64108-299  Position in labor organization.  Divided in interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monotary value from an employer whese employees your organization represents or is actively seeking to represent.  Name Food and Commercial Wkrs AFL-CIO  Labor Organization File Number 540-631.  P.O. Box, Bidg and Room Number, if any Street 1305 Fast 27th Street 2305 Fast	1. File Number U - 23 70	2. Fiscal Year Covered From:			
Name A WHARY C Price  Name Food and Commercial Wkrs AFL-CIO  Laber Organization File Number 540-631  P.O. Box, Bidg., Room No., if any P.O. Box A Building and Room Number, if any  Street 1305 Fast 27th Street  City Cancard M  State 1155-cuci 2IP Code +4 64020 State Missouri 2IP Code +4 64108-299  Position in labor organization.  United At Price 141111  Fenter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  R. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or Income.  7.a. Nature of interest, Transaction, or Income.  Signature  Signature  Signature	70	01 / 01 / 2004 Through: 12 / 81 / 2004			
Labor Organization File Number 540-631  P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any  Street 1305 East 27th Street  City Can/Can/In State 715 City Kansas City  State Missouri 2IP Code +4 6/4020 State Missouri 2IP	3. Name and address of person filing.	Name, file number, and address of labor organization.			
P.O. Box, Blidg., Room No., if any P.O. Box, Blidg., Room No., if any P.O. Box, Building and Room Number, if any Street City Concording State M155cuct ZIP Code +4 647030 State M15sourt ZIP Code +4 64108=299 Position in labor organization. Unation Representation for this directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  S. Name and address of Employer (including trade name, if any). Name Trade Name, if any:  P.O. Box, Blidg. Room No., if any  Street  Signature  Signature  Signature	Name Arthory C Price	Name Food and Commercial Wkrs AFL-CIO			
Street 305 East 27th Street  City Concordin  State Missouri ZIP Code +4 6/1030  Position in labor organization.  Union Representative  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other excremic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade name, if any).  7. A. Nature of interest, Transaction, or Income.  7. A. Nature of interest, Transaction, or Income.  Street  City  State  ZIP Code +4  Signature	,	Labor Organization File Number 540-631			
City Concocd in State MISSOURS State Missours ZIP Code +4 64 108-2999  Position in labor organization.  Under Représentative  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg. Room No., if any  Street  City  State  ZIP Code +4  Signature	P.O. Box, Bldg., Room No., if any P.O. Box 1.28	P.O. Box, Building and Room Number, if any			
State Missouri ZIP Code +4 (6.4020) State Missouri ZIP Code +4 (6.4108-299)  Position in labor organization.  Unriew Representative  * Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or torcomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., it any  7.b. Amount.  Street  City  State  ZIP Code +4  Signature	Street Street	Street 1305 East 27th Street			
Position in labor organization.    Division Representative   Continued or State   Processing of the law, that all of the information	CITY CONCOCALA	City Kansas City			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions):  Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature	State 141550001 ZIP Code +4 64020	State Missouri ZIP Code + 4 64108-2999			
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Name   Trade Name, if any:   P.O. Box, Bldg., Room No., if any   T.b. Amount.   T.b. Amount.   Street   Signature   Signature	(except as specified in the exclusions set form in the instructions):				
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  Signature	Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.			
P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  Signature	monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.			
Street  City  State  ZIP Code + 4  Signature  Signature  As Signature  The undersigned declares, under penalty of Perium and other applicable penalties of the law, that all of the information	monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent.			
City  State  ZIP Code + 4  Signature  Signature	monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).  Name	ion represents or is actively seeking to represent.			
State Signature  Signature  Signature  As Signature The undersigned declares, under penalty of Perium and other applicable penalties of the law, that all of the information	monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
Signature  Signature  15. Simple of the law, that all of the information	monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
45. Since the profite stop. The undersigned declares, under penalty of Periury and other applicable penalties of the law, that all of the information	monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.			
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  Sign	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.			
Signed Anthony C Passa On 3-15-05 660-463 2343  Date Telephone Number	monetary value from an employer whose employees your organizate  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of the proof (including the information coutsined in any accompany).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  7.b. Amount.  7.c. Nature of Interest, Transaction, or Income.			

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Name of Person Filing Anthony Price	Fil	e Number U-
B. Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	,
8. Name and address of Business (including trade name, if any).  Name Mark And Burkhand  Trade Name, if any: Attorneys AttAtv  P.O. Box, Bldg., Room No., if any  Street 6700 SRUBB Sulls  City MISSION  State KANSAS ZIP Code 4 66202	9. Business deals with:  a. Labor Organization b. Trust c. Employer	7
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing Refer Potentia  11.b. Approximate dollar value 12.a. Nature of interest held Color Potentia	in the second of the second of such dealing. I not known or income received.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	12.b. Amount.  der parts A and B above) ey or other thing of value.	3) 125.10
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Rcom No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. is the Business an Employer	14.b, Amount of payment,	